



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 23, 2026

Jackie Kibbe
Baruch SLS, Inc.
Suite 203
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: License #: AL830309607
Investigation #: 2026A0870011
Sunnyside Senior Living

Dear Jackie Kibbe:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (231) 922-5309.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bruce A. Messer". The signature is fluid and cursive.

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL830309607
Investigation #:	2026A0870011
Complaint Receipt Date:	02/24/2026
Investigation Initiation Date:	02/27/2026
Report Due Date:	04/25/2026
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 588-9131
Administrator:	Jackie Kibbe
Licensee Designee:	Brian Nitz
Name of Facility:	Sunnyside Senior Living
Facility Address:	108 Wildwood Drive Cadillac, MI 49601
Facility Telephone #:	(231) 775-7750
Original Issuance Date:	10/23/2012
License Status:	REGULAR
Effective Date:	04/23/2025
Expiration Date:	04/22/2027
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff ignore call lights and alarms and are not properly attending to Resident F's pressure sores.	No
Staff are stealing resident narcotics.	Yes

III. METHODOLOGY

02/24/2026	Special Investigation Intake 2026A0870011
02/24/2026	APS Referral This referral came from the Michigan Department of Health and Human Services, Protective Services Centralized Intake unit.
02/27/2026	Special Investigation Initiated - On Site Interview with facility Administrator Jackie Kibbe.
03/13/2026	Inspection Completed On-site Follow-up on-site. interviews conducted with staff and facility residents.
03/18/2026	Contact - Telephone call made Telephone interview with Family Member -1.
03/18/2026	Contact - Telephone call made Telephone interview with Dr. Martin Dubravec.
03/20/2026	Exit Conference Completed with Administrator Jackie Kibbe.

ALLEGATION: Staff ignore call lights and alarms and are not properly attending to Resident F's pressure sores.

INVESTIGATION: On February 27, 2026, I conducted an unannounced on-site special investigation at the Sunnyside AFC home. I met with facility administrator Jackie Kibbe and informed her of the above stated allegations. Ms. Kibbie stated she does not believe that any of the staff are ignoring call lights/alarms as she has not had any complaints expressed to her by any of the facility residents, their families, or from facility staff members. Ms. Kibbe noted that one facility resident, Resident F, does have a pressure sore and is seen by his physician, Dr. Martin Dubravec, on a regular basis, in the facility. She stated that facility staff are

attending to Resident F as instructed by his physician. Ms. Kibbe further noted that Resident F's wife also visits regularly and she has not expressed any concerns to her related to Resident F's care.

On March 13, 2026, I conducted an in-person interview with Resident A. Resident A stated he has lived in this facility for "about eight or nine months" and he feels he gets "good care", that the "staff are good", he "likes the staff here" and he has "no complaints at all."

On March 13, 2026, I conducted an in-person interview with Resident B. Resident B stated the "staff are good here; they treat me well and are kind." He further stated that he feels he is getting all the care that he needs and "the staff are responsive to the call button." Resident B noted "I have no issues here; I like it here."

On March 13, 2026, I conducted an in-person interview with Resident C. Resident C stated, "the staff here are good, they are responsive." He noted the staff take good care of him and he "has no concerns at all."

On March 13, 2026, I conducted a joint in-person interview with Resident D and Resident E. Both stated, "the staff here are good; I have no issues." Resident D and Resident E both noted that they feel the staff are responsive to call buttons and alarms.

On March 13, 2026, I conducted an in-person interview with Resident Care Manager Julie Oda. Ms. Oda denied knowledge of any staff members ignoring call buttons or alarms. She stated some residents, who are fall risks, have pressure alarms on their beds which alert staff should the resident fall from their bed at night. Ms. Oda stated she has not received any reports of staff ignoring alarms from residents or from facility staff. Ms. Oda stated that to her knowledge, the staff are attending to Resident F's pressure sore correctly. She noted she has not heard otherwise from his physician or his family members.

On March 13, 2026, I conducted an in-person interview with staff member Alexis Larkins-Fobear. Ms. Larkins-Fobear stated that she is unaware of any staff members who ignore call lights or alarms. She noted she had not heard of this from any of the facility residents. Ms. Larkins-Fobear stated she feels the staff are properly caring for Resident F's wound.

On March 13, 2026, I conducted an in-person interview with staff member Paula Tripp. Ms. Tripp stated that she has never heard from any residents that they are ignored or that an alarm or call was not responded to. She did note that she has been told by some residents that "sometimes it takes a while for staff to come." Ms. Tripp stated that she feels the residents all get good care at this facility.

On March 18, 2026, I conducted a telephone interview with Family Member -1. Family Member-1 is the wife of Resident F. She noted that she regularly visits the

facility, and she feels the facility staff members are “doing a really good job” and they “are responsive to his (Resident F) needs.” Family Member -1 stated she feels the staff are doing an excellent job with Resident F’s pressure sore and they are doing exactly what his doctor is asking them to do. She noted she has “no concerns” with the facility staff or the care they are providing to Resident F.

On March 18, 2026, I conducted a telephone interview with Dr. Martin Dubravec. Dr. Dubravec stated that he feels the staff at Sunnyside AFC are responsive and they are “addressing the issues with (Resident F’s) pressure sores satisfactorily.” He further stated that he feels the staff are providing “good care to (Resident F)” and they are responsive to him and the instructions he provides to them concerning Resident F’s care.

A review of Resident F’s assessment/service plan notes, in regard to care for his pressure sores: Pressure boots, Maintain safety/proper use of assistive device. Additionally, it notes under the category of personal hygiene/wound care: As needed every day.

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Interviews with facility staff and Residents A, B, C, D and E all indicate that the facility staff are responsive to resident call lights and alarms. Dr. Dubravec states he feels the facility staff is responsive and are addressing the issues with Resident F’s pressure sore satisfactorily. The Licensee is providing supervision, protection and personal care as specified in the resident’s assessment plan.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are stealing resident narcotics.

INVESTIGATION: Ms. Kibbie acknowledged that in October 2025, it was discovered that approximately 20 OxyContin tablets had been removed from two

resident bubble packs and replaced with a similar looking tablet. She noted that none of the unknown similar looking tablets were dispensed to facility residents. Ms. Kibbie stated that she did not complete an incident/ accident report informing AFC Licensing nor did she contact Law Enforcement regarding this situation. She noted that she discussed the situation with facility staff and had already implemented corrective procedures regarding this issue.

Ms. Oda stated that she is aware of the issue concerning the missing OxyContin tablets. She stated she was not in this current position at the time and did not oversee resident medications during that period. Ms. Oda stated that all facility staff have since been briefed on the situation, received refresher training on medication administration, and briefed to inform management if they observe any “tampering” with the medication bubble packs, such as taping shut the foil.

Ms. Oda and I reviewed the current computerized Medication Administration Records and the facility resident medication “bubble packs.” I did not note any discrepancies with the current records or resident medications being maintained by the facility.

APPLICABLE RULE	
R 400.675	Resident medications.
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.
ANALYSIS:	Ms. Kibbie states that approximately 20 OxyContin tablets had been removed from two resident bubble packs and replaced with a similar looking tablet in October 2025. Prescribed resident medication was not maintained in the original pharmacy container.
CONCLUSION:	VIOLATION ESTABLISHED

On March 20, 2026, I conducted an exit conference with Administrator Jackie Kibbe. I informed her of my findings as noted above. Ms. Kibbe stated she understood the findings, had no additional information to provide, nor any questions to ask,

concerning this special investigation. Ms. Kibbe stated she would submit a corrective action plan addressing the cited rule violation once she receives this report.

IV. RECOMMENDATION

I recommend, contingent upon the submission of an acceptable corrective action plan, that the status of the license remain unchanged.



March 23, 2026

Bruce A. Messer
Licensing Consultant

Date

Approved By:



March 23, 2026

Jerry Hendrick
Area Manager

Date